

The Ignorance of Midwives: The Role of Clergymen in Spanish Enlightenment Debates on Birth Care¹

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Introduction

The traditional historiographic point of view on this subject portrays the advent of the male-midwife surgeon role in Spain as a result of French influence: the Bourbon Court in Madrid would have been the pathway of introduction for this trend, a trend widely accepted and generally adopted thereafter, as queens in labour were aided by male-midwife surgeons called upon from France for the occasion. Thus the fact that Jules Clément's services were required in 1713 for the delivery of Queen Luisa Gabriela de Saboya, Philip V's first wife, would appear as an almost outrageous exception at that time in Spain.² The renown of French male-midwives and the example of the Royal Family would have been, at least initially, the main incentive in the introduction and spreading of male-midwife surgeons in Spain.

In fact, the name 'partero' for male-midwives became customary in Spanish within the first decades of the eighteenth century. The *Diccionario de Autoridades*,³ the first one published by the Spanish Academy, defines it concisely as 'the surgeon who aids childbirth'. This dictionary assigns 'the trade of assisting and helping delivery' specifically to midwives as opposed to male-midwives. Moreover, 'midwifery' was purely and simply 'the midwife's job', and therefore male-midwives were but more or less specialised surgeons.

In the Spain of the first half of the eighteenth century, the male-midwife role was steadily taking shape from the social point of view; not only due to the fact that it was given a recognised designation by the Academy, but also because this trade was already giving rise to hostility among some authors, such as Diego Torres Villarroel, who spawned some of the most venomous indictments, in which he described them

1 All translations in this chapter are by the authors unless otherwise stated.

2 Manuel Usandizaga, *Historia de la obstetricia y de la ginecología en España* (Santander, 1944), pp. 213–4; Juan Riera, *Cirugía española ilustrada y su comunicación con Europa* (Valladolid, 1976), pp. 86–92.

3 *Diccionario de Autoridades* (Madrid, 1726–39). A century earlier, however, *El tesoro de la lengua castellana o española* by Sebastián de Covarrubias (Madrid, 1611) did not include terms such as *partero* or *comadrón* [male-midwife], although *partera*, *comadre* and *madrina* [female-midwife] were used explicitly about the person 'who helps giving birth'.

as 'thieves of the childbearing tool, stealing their trade from midwives'.⁴ There will not be many more voices to speak on behalf of these women, as we shall see.

Nevertheless, it seems clear that this decisive transformation in the field of birth care took place widely across Europe throughout the eighteenth century, and that it was quite complex. Our objective is to analyse the Spanish case, paying special attention to the active participation of several moralising clergymen in the repeated controversies regarding this issue. To do so, we have examined a wide range of texts from different sources (medical, legal, surgical and moralist) which, throughout the century, significantly illustrate distinct discourses concerning the problem of birth care.

Among other aspects there was a conspicuous effort of legitimisation made by an emerging professional group whose aim was to take over a craft which had not traditionally been the object of their business, by displacing its hitherto main figures. The most immediate consequence of this was the subservience of midwives to male-midwife surgeons, together with a progressive confinement of the former to social and geographical arenas separate from the official health system. Midwives' traditional hegemony was progressively substituted by that of male-midwives. The art of midwifery yielded to an obstetric surgery, in male hands and technically forged according to the current surgical and medical knowledge.⁵

In the beginning, it was necessary to present strategies to systematically question midwives' capabilities. This questioning ended up being a commonplace in discourses voiced not only by the medical and surgical academic establishment, but also by political, intellectual and religious institutions and by philosophers and writers as well.⁶ As is obvious, judgements from physicians and surgeons on midwives' incompetence, unveiling numerous cases of mother and child death at the hands of those helping childbirth, became an early overriding argument.⁷ It is in this context that we should consider the role of Catholic moralist clergymen as being far from superfluous.

4 Diego Torres Villarroel, *Sueños morales, visiones y visitas de Torres con Don Francisco de Quevedo por Madrid: corregidos y aumentados con la Barca de Aqueronte, residencia infernal de Plutón* (Madrid, 1786), p. 22 (1st edition Salamanca, 1743).

5 An excellent overview can be consulted in Hilary Marland (ed.), *The Art of Midwifery: Early Modern Midwives in Europe* (London, 1993). On the specific figure of the man-midwife, though limited to England, see Adrian Wilson, *The Making of Man-Midwifery: Childbirth in England, 1660–1770* (London, 1995).

6 Goethe, in his *Dichtung und Wahrheit*, when recounting his birth on 28 August 1749 in Frankfurt am Main, relates that 'because of the midwife's clumsiness I arrived almost dead and only thanks to countless efforts was I made to see the light. This circumstance, which had plunged my kin into great worry, turned out nevertheless beneficial for my fellow citizens, as my grandfather, chief magistrate Johann Wolfgang Textor, took it as a pretext to hire a male-midwife and to introduce or renew instruction for midwives, which had to be advantageous for some of those born later on.' [Our translation.]

7 Álvar Martínez-Vidal and José Pardo-Tomás, 'Un conflicto profesional, un conflicto moral y un conflicto de género: los debates en torno a la atención al parto en la Ilustración', *Cronos* 4 (2001): 3–27.

Different authors from disparate viewpoints asserted the need to solve the serious problems attributed to lack of male involvement in birth care, starting, for instance, with the openly populationist discourses whose aim was to strengthen the state and improve the kingdom's welfare by increasing the number of its subjects. As was the case in other European countries, some Spanish clergymen publicly entered the debates, and although initially endorsing more independent positions, they ended up, as we shall see, supporting the interests of the male-midwives, for this professional body was able to present itself as the best assurance for the administration of the sacrament of baptism to newborns, an issue of great importance for clergymen.

The Newborns' Baptism According to a Cistercian Monk

Thus, as we have indicated, in the eighteenth century some clergymen, both secular and regular, raised their voices to take part in the debates concerning birth care. As this issue was close to issues of life and death, it could not but be one of the main worries for Catholic moralists. Above all, as we have said, their main concern was newborns' baptism for, without the sacrament, their souls would not be able to achieve the grace of redemption and, as a result, would not be able to gain everlasting life. Hence their concern that those in charge of birth care should not neglect the Christian duty to baptise newborns whose life could be at risk. As moral theologians, they were more concerned about competence to baptise following the genuine ritual than about obstetric skills.

As with Nadia Maria Filippini's studies on the Italian case, the relationship between parish priests and midwives in Spain was very close, especially in rural communities. As they might be required to urgently baptise the newborn, midwives were chosen according to their uprightness. There was also a wish to control other practices in the community: abortion, illegitimate births, pregnancies and deliveries by single mothers, etc. The parish priests saw the midwife as an allied party in the task of controlling and informing them about what was happening in those areas of their communities where their access was restricted, and for this it was necessary for them to rely on a approved agent who was allowed to gain entry to bedrooms in the most critical moments of private life. The midwife's carrying of the newborn to the baptism font in the parish church was not merely symbolic, but an expression of that special relationship between the trades of midwives and priests.⁸

Following the Tridentine guidelines, baptism became an essential bastion for the Church in its mission to indoctrinate the people better in Catholic orthodoxy. The high newborn death-rate, typical of the traditional demographic model, justified the immediate administration of baptism upon delivery, even by non-clergymen, when faced with any sign of danger for the newborn's life. Adequately instructed, midwives ensured the administration of baptism at the sites of birth. For instance, Cistercian Father Antonio José Rodríguez questioned in 1742 the soundness of

8 Nadia Maria Filippini, 'Levatrici e ostetricanti a Venezia tra sette e ottocento', *Quaderni Storici* 58 (1985): 149–80; and Nadia Maria Filippini, 'The Church, the State and Childbirth: the Midwife in Italy during the Eighteenth Century' in Marland (ed.), *The Art of Midwifery*, pp. 152–75.

baptism when conducted by midwives, making a distinction between professional midwives and women who, not being recognised as midwives, happened to aid childbirth. Following Father Lacroix, Rodríguez recommended repeating baptism *sub conditione*, particularly when the woman assisting delivery did not meet the necessary requirements.⁹

In the eighteenth century, new discoveries in embryology prompted debates on a range of problems such as conception, pregnancy and the life of the foetus. Within a fundamentally mechanistic viewpoint, the preformation thesis (other than ovist and animalculist versions) supported the idea of the foetus as a homunculus from the very moment of conception.¹⁰ In moral theology, one of the consequences could be that animation (in the sense of having a God-given immortal soul) took place at the same time as conception. This way of reasoning led to the obsession with baptising not only newborns upon delivery or the long-pregnancy foetus, but any embryo, regardless of age.¹¹

The above-mentioned Father Rodríguez, one of the eighteenth-century Spanish authors with a very extensive output in the field of medicine,¹² questioned what he considered 'commonplace opinion' regarding the animation of the human foetus. Based on Hippocrates' and Aristotle's authority, this opinion postulated the existence of an interval of time between fertilisation and animation, oscillating, depending on the case, between thirty days for males and ninety days for females. According to Rodríguez, 'recent advances in *Physica* and Medicine in the last century' had shown 'experimentally' that the embryo was animated from the very first day of conception.¹³

It was, precisely, 'modern experimental *Physica*' which gave theoretical support and demonstrative rigour to both of the theses put forward by Rodríguez regarding baptism. First, in the case of abortion, regardless of the embryo's age, baptism had to be administered immediately. Second, in the case of the death of the pregnant woman, caesarean section always had to be carried out, so that the still-alive foetus could be baptised. A whole series of considerations on the duties of civil and ecclesiastical authorities to regulate the administration of baptism in these two circumstances

9 Antonio José Rodríguez, *Nuevo aspecto de theología médico-moral, y ambos drechos, o paradojas physico-theológico-legales. Obra crítica, provechosa a párrocos, confesores, y profesores de ambos drechos, y útil a médicos, phylósophos, y eruditos*, 4 vols, 2nd ed. (Madrid, 1763), vol. 1, Paradoxa XI, Sentencia § II.6, p. 99 (1st ed. Madrid, 1742).

10 Shirley A. Roe, *Matter, Life, and Generation. Eighteenth-Century Embryology and the Haller-Wolff Debate* (Cambridge, 1981).

11 On this stance and others of that period, see the chapter entitled 'Momento de la animación del embrión', in Silverio Cerra Suárez, *Las ideas antropológicas de Feijoo I. La génesis del hombre* (Oviedo, 1987), pp. 362–70.

12 Luis S. Granjel, *El pensamiento médico del Padre Antonio José Rodríguez* (Salamanca, 1957).

13 'By the moment the egg is fertilised, and moves, the rational Soul must enter for, as its true form, it lavishes its faculties on all other functions': Rodríguez, *Nuevo aspecto de theología médico-moral*, p. 44. He returned to these same matters in volume four of his *Nuevo aspecto* (Madrid, 1767), vol. 4, pp. 7–25.

was derived from these two radical principles that Rodríguez considered were theologically and medically demonstrated.

Therefore, he claimed, parish priests had to be bound to adequately teach physicians, surgeons and midwives how to administer baptism; he championed this view in his 'Memorial a los ilustrísimos y reverendísimos arzobispos y obispos de las Españas'¹⁴ [Memo to the most illustrious and most reverend archbishops and bishops of all Spains]. In complicated deliveries, he recommended intra-uterine baptism. Once the position of the head of the foetus had been detected or, failing that, of its chest, the surgeon or the midwife had to inject, by means of a syringe, the baptismal water while reciting the canonical formula for this sacrament. According to Rodríguez, this practice was 'Parisian' and had already been introduced in the Spanish court.¹⁵

In the case of caesarean section, parish priests had to ensure that the surgeon, the barber or the midwife knew how it should be carried out and, as a last resort, was ready to carry it out themselves. Rodríguez explains in detail what instruments parish priests had to possess and how they had to perform the caesarean section, following the directions of the French midwife-surgeon François Mauriceau.¹⁶

It is in this context that Rodríguez states his disapproving view of women's capabilities in these difficult situations, when the women were faced with the slightest complication while assisting childbirth, in regard to their understanding of the correct administration of the sacrament of baptism and also concerning their capability of carrying out caesarean section *post mortem*. In fact, Rodríguez was convinced of the 'simple-mindedness, ridiculousness, superstition and ignorance of women'¹⁷ and of midwives' ineffectiveness: 'some petty women commonly unfortunate, stupid, imbued with a thousand tall stories, and superstitions'.¹⁸ One could entrust these delicate tasks to women only in the case of their being properly examined by the *Protomedicato* – something Rodríguez himself recognised not to be very frequent.

Vicissitudes of Francesco Cangiamilia's *Embriologia Sacra*

Twenty-five years passed between the publication of the first and the fourth volumes of the *Nuevo aspecto de theología médico-moral* [New aspects on medical-moral theology] by Rodríguez (1742–1767). According to him, the acute controversy raised in Spain after the publication of the first volume hindered the continuation of his work; however, this did not prevent its circulation in other Catholic countries, such as the kingdom of Naples and Sicily. From the monk's point of view, the proof that his work 'had moved the theological piety of Italians' was the publication in Palermo of a book which included a large proportion of his thesis and his arguments,

14 Rodríguez, *Nuevo aspecto*, vol. 4, pp. 165–72.

15 Rodríguez, *Nuevo aspecto*, vol. 1, p. 96.

16 Rodríguez, *Nuevo aspecto*, vol. 4, pp. 40–7.

17 Rodríguez, *Nuevo aspecto*, vol. 4, p. 6.

18 Rodríguez, *Nuevo aspecto*, vol. 4, p. 171.

though it did not acknowledge its debt to him.¹⁹ It was *Embriologia Sacra*, written by the Sicilian priest Francesco Cangiamila, and published in 1745.

Sicily was the stage for most of the 'extraordinary' cases that were depicted in the book in order to persuade his readers of the need to champion baptism for any foetus suspected of being alive.²⁰ Despite his extremism, his recommendations enjoyed unconditional endorsement by public figures, significantly including the King of Naples and Sicily, the future King Charles III of Spain. As an example, let us consider the royal decree of 1749, which established the universal duty to carry out caesarean section *post mortem* under the slightest suspicion of pregnancy on the part of any deceased woman.²¹ Civil and ecclesiastic authorities had to assess the measures for this to be carried out. In principle, it was the surgeon's task, although in his absence, it was the midwife's or a physician's duty. Relatives, servants and neighbours were officially warned to notify the justice system of any suspicion of pregnancy or abortion (be it either voluntary or spontaneous) in order to reach the foetus in time for it to be baptised. Upon failure to comply, one could be charged with murder and put on trial.²²

In Spain, at first, Cangiamila's book drew some criticism. Thus, the *protophysician* Andrés Piquer produced in 1760, a 'Judgement on Cangiamila's Book', in which he seriously questioned some of the book's chief assertions.²³ Nevertheless, Cangiamila's book enjoyed great success in Charles III's Spain. In 1761, his Neapolitan minister Esquilache distributed the Latin version of *Embriologia Sacra* to all bishops in Spanish dioceses.²⁴ A few years later, the book was translated into Spanish, from a shortened French rendition made by father Dinouart.²⁵ We know, furthermore, that the parish priest of Tobarra, Ignacio Echenique, drew up a memo to the Count of Floridablanca, dated July 1784, in which, drawing on Cangiamila's recommendations, he endorsed a law obliging 'parish priests, mayors, physicians, surgeons and phlebotomists [the omission of midwives here seems utterly symptomatic] to bear the responsibility of

19 Rodríguez, *Nuevo aspecto*, vol. 4, p. 11.

20 Francesco Cangiamila, *Embriologia sacra o tratado de la obligación que tienen los curas, confesores, médicos, comadres, y otras personas, de cooperar a la salvación de los niños* (Madrid, 1785) (1st ed. Palermo, 1745). Cangiamila would subsequently become bishop of the diocese of Palermo and inquisitor of Sicily.

21 Cangiamila, *Embriologia sacra*, pp. 277–85. On caesarean section in the Catholic world, see Nadia Maria Filippini, *La nascita straordinaria. Tra madre e figlio la rivoluzione del taglio cesareo (sec. XVIII–XIX)* (Milan, 1995).

22 Cangiamila, *Embriologia sacra*, p. 284.

23 For instance, Cangiamila claimed that the parish priest should perform the caesarean section in the absence of an expert person. Piquer criticised this proposal in his 'Juicio de la obra intitulada Embriologia Sacra', in *Obras póstumas* (Madrid, 1795), pp. 122–48.

24 Minister Esquilache's letter was reproduced in Cangiamila, *Embriologia Sacra*, p. XI.

25 In Madrid, 1774. In 1772, another Spanish translation, abridged as well, had been published in Mexico. A review of the editorial fate of *Embriologia Sacra* in Spanish America can be seen in Paula de Demerson, 'La cesárea post mortem en la España de la Ilustración', *Asclepio* 28 (1976): 185–233; see pp. 195–7.

baptising any delivery or abortion product and even to carry out caesarean section on the corpse of any suspected pregnant woman'.²⁶

Childbirth Assistance and Clergymen's Populationist proposals

In the second half of the century, the moralists' standpoint on female- and male-midwives' job-ownership moved towards the point of indisputably taking for granted the assumption of the witlessness of female-midwives, women's inferiority and female-midwives' subservience to the male-midwife surgeon. As an example, here is the 1784 memo by the parish priest of Tobarra, recommending a strategy for the improvement of birth care in small villages, allowing women's involvement, but always 'under the surgeon's supervision'. Even more significant than the recommendation is the calamitous portrait this text gives of rural midwives:

In our Spain, outside the Court or some of the kingdom's main cities, the Trade or Body of Male-Midwives is unheard of, and this trade is only served, and the ceaseless needs in Childbirth helped by Women commonly known as childbirth midwives. These are rarely and only occasionally virtuous, experienced and skilful, and almost everywhere, outside Main Cities and big Towns, they are useless, without skill nor intelligence, and the source of the biggest misfortunes, fatalities and woeful Births, and that many Women end up aggrieved, wounded and even sterile ... As a Rule, in many places, above all Villages and Small Places, this trade of despicable and, not uncommonly, sinful and inebriated Women is called on: I speak out of experience in this my Village and other places where I have seen them in such circumstances, so that, despite my numerous warnings and guidelines, which I have repeatedly provided according to my Pastoral Ministry, distrusting the value of Baptism as conducted many times by them (if needed), always *ad cautelam*, I have poured the water again on the Newborns *sub conditione*.²⁷

The advocacy of populationist policies by some Enlightened clergymen would bring forth a new formulation of the moralists' standpoint on birth care, which can be read in the writings of two significant end-of-century authors: the expelled Jesuit Lorenzo Hervás y Panduro, and the Aragonese canon Antonio Arteta de Monteseuro.

Hervás y Panduro's concern for childbirth may be located within a noticeably populationist line of thought: the certainty that 'the existence and excellence of sciences and arts will not ever be achieved in the absence of a crowd of men'. All this will lead him to call, in his *Historia de la vida del hombre* [History of Mankind's Life], for 'the public government to think about improving the art of obstetrics by funding professorships and opening training schools to teach and test women-to-be midwives'.²⁸ However, as he assumed that such institutions would not be created immediately, Hervás recommended publishing for female-midwives 'a short, concise

26 Archivo Histórico Nacional, Madrid (onwards AHN), *Estado*, Leg. 2932, exp. 1.

27 AHN, *Estado*, Leg. 2932, exp. 1.

28 Lorenzo Hervás y Panduro, *Historia de la vida del hombre*, 7 vols (Madrid, 1789–99), vol. 1, p. 119. Hervás originally wrote this work in Italian (*Istoria della vita dell'uomo*, 8 vols, included in *Idea dell'universo*, 21 vols, Cesena, 1778–87). The Spanish edition, seemingly translated and revised by Hervás himself from Rome, met countless vicissitudes and the last

and clear guide on the description of causes and solutions for difficult births', and on everything concerning the urgent carrying-out of baptism.²⁹ It seems quite clear that the example of some Italian States, where numerous training schools for midwives were already in place, carried significant weight in Hervás' proposals for Spain.³⁰

It is at this point where he clarifies his standpoint on the proper involvement of women in midwifery, assigning them a merely subsidiary role when considering that only men were able to 'possess' this art 'up to perfection'. This female lack of obstetrical skill is consistent with the idea of women's intellectual weakness, which repeatedly occurs in his writings.³¹ It is not odd, therefore, in the exposition of his ideas on childbirth, for him to condemn female-midwives' clumsiness; but Hervás went one step further and accused them of being the main cause of most skull malformations and mental deficiencies, to the point of maintaining that they were to blame for 'the steadily growing number of dunces'.³² Once women's intellectual inferiority was accepted, his advocacy for training on obstetrics nevertheless had some hopeless flaws. Through such recommendations, apparently 'unbiased' due to his lack of professional interests in the field of medicine, Hervás, supported on his erudite ecclesiastic Catholic moralist authority, approved the art of midwifery to belong to the field of surgery and, therefore, midwives' subservience to male-midwives.

Directly inspired by the populationist standpoint of Hervás the Jesuit, Antonio Arteta de Monteseuro, a canon of the chapter of Saragossa, in the first volume of his well-known *Disertación sobre la muchedumbre de los niños que mueren en la infancia* [Dissertation on the Crowd of Children who die in Childhood], advocated the need to face up to the high abortion rates of the day; he deemed it impossible to estimate the number of abortions due to the fact that, as a general rule, women used to conceal them from physicians, surgeons and even midwives.³³ Just like Hervás, Arteta condemned the 'unskilful handling by female-midwives', blaming them for the 'very high number of women and children who die and become crippled or poorly healthy'. In contrast, he maintained that the art of midwifery, as it was known by 'the most capable male-midwives', should only be applied in critical circumstances, such

volume was never published. Luis S. Granjel, 'Las ideas antropológicas de Hervás y Panduro', in *Humanismo y medicina* (Salamanca, 1966), pp. 315–63.

29 Hervás y Panduro, *Historia de la vida del hombre*, vol. 1, p. 116.

30 On Italian midwives' officially sanctioned training through the second half of the eighteenth century, see Filippini, 'The Church, the State and Childbirth', pp. 161–4.

31 For instance: 'Women universally possess weaker body and spirit than men. Regarding this, Nature leads us to believe that they were not made for high science, nor for great hardship or physical work' (Hervás y Panduro, *Historia de la vida del hombre*, vol. 1, p. 117).

32 Hervás y Panduro, *Historia de la vida del hombre*, vol. 1, p. 113. It might seem surprising for Hervás to follow J. O. de La Mettrie, French physician and materialist philosopher, on this point, when he could have turned to other authorities, more orthodox on religious matters.

33 Antonio Arteta de Monteseuro, *Disertación sobre la muchedumbre que mueren en la infancia y modo de remediarla, y de procurar en sus cuerpos la conformidad de sus miembros, robustez, agilidad y fuerzas competentes*, 2 vols (Saragossa, 1801–2), vol. 1, p. 52.

as the mother's extreme weakness, or in difficult births due to the foetus' wrong position.

Arteta thought, following Geneva's philanthropist Ballexsferd, that nature itself carries out childbirth. Yet again, he agreed with Hervás by recommending funding for professorships and establishing training schools for obstetrics where 'women-to-be midwives were taught and tested', and even adding that, in the Schools of Surgery in Madrid, Cádiz and Barcelona 'this art is taught to perfection: they own dummies and wax models exemplifying a range of foetal positions, and women who want to be midwives are trained on an individual basis: not a single one of them is allowed to carry out the job without the approval of those Schools'.³⁴

The acceptance on the part of Spanish authorities of the moralists' proposals regarding baptism in cases of abortion, caesarean section and difficult deliveries, had its logical repercussions in the American colonies. The publication of a series of brief treatises summarising Cangiamila's and Rodríguez's claims was accompanied by several decrees, in which civil and ecclesiastical authorities enacted policies to regulate childbirth assistance as well as to lay out the duties of priests, surgeons, midwives and all others in attendance.³⁵ Finally, in 1804, King Carlos IV published the Royal Bond requiring civil and religious authorities in America and the Philippines to ensure that no pregnant woman would be buried before carrying out a caesarean section and the subsequent baptism of the foetus. The fact that this law was directly written by the masters of the Real Colegio de Cirugía de San Carlos [Saint Charles' Royal Surgery School] in Madrid³⁶ is a clear symptom of the position that the figure of midwife-surgeon had reached in Spain and its overseas dominions.

A Singular Position: Benito Jerónimo Feijoo and his *Defensa de las mujeres*

Simultaneous with the publication of Cangiamila's book and therefore shortly after Rodríguez's, another distinguished Spanish monk, Benedictine Father Benito Jerónimo Feijoo, tackled the subject of birth care, specifically the question of who was to perform the art of midwifery. Feijoo occupies a quite singular position as the only one to uphold female midwives' hegemony, based on his conviction of women's boundless intellectual capabilities and, consequently, of his assumption that, given adequate training, they could be entirely in charge of obstetrics.

Feijoo formulated the question about who was to help women in delivery because of moral order. Decency did not favour male presence and handling of the body of the woman-in-labour: hence the title of one of his *Erudite Letters: Most Decent Use of the Art of Obstetrics*.³⁷ That is, it was a question of decency which, in 1745, made

34 Arteta de Monteseuro, *Disertación sobre la muchedumbre*, vol. 1, p. 74.

35 For Puerto Rico, see José G. Rigau-Pérez, 'Surgery at the Service of Theology: Postmortem Cesarean Sections in Puerto Rico and the Royal Cedula of 1804', *Hispanic American Historical Review* 75 (1995): 377-404.

36 Michael E. Burke, *The Royal College of San Carlos. Surgery and Spanish Medical Reform in the Late Eighteenth Century* (Durham, NC, 1977), p. 130.

37 Benito Jerónimo Feijoo, *Cartas eruditas y curiosas* (1745), 5th ed. (Madrid, 1781), vol. 2, letter 17, pp. 267-72.

him tackle this issue, in a period of his life (he was already close to 70) in which he enjoyed an undeniable renown and his writings were among the most popular in Spain.³⁸ Feijoo paying attention to this issue means, at least, that by the mid eighteenth century, male involvement in birth care was far from uncommon, yet not the rule. The role of the male-midwife, as we have shown, had already burgeoned and only required authorised sanction by a renowned Catholic moralist.

But in fact, Feijoo was dealing with two distinct problems: on the one hand, the problem of women's virtue being harmed by male-conducted childbirth assistance; on the other hand, the problem of the widespread notion of female-midwives' ignorance being a source of danger for the health of both mother and child and, in some cases, for the salvation of the foetus's soul.³⁹ Between the two evils, Feijoo pragmatically chose the less hazardous side: to allow male-midwives' assistance and, therefore, not to restrict this task to women. Feijoo admits that in those days women were mostly uneducated in the 'art of midwifery' and he saw the need to condemn it publicly. On too many occasions, he adds in his criticism of female-midwives, their mistakes had to be fixed by 'a capable man once the midwife left the woman in labour at the gates of death'.⁴⁰

Unfortunately a superficial reading of this text, a reading stressing the criticism given to female-midwives alongside praise for male-midwives, has yielded an absolutely distorted image of Feijoo's opinion on this issue. Manuel Usandizaga, as an outstanding example, in his *History of Obstetrics and Gynaecology in Spain*, maintains without hesitation that the Benedictine defended 'the intervention of men, as being more proficient and capable'.⁴¹ However, Feijoo's true stance was quite different. Let us take a look at it.

From his Catholic moralist standpoint with pragmatic interests, the Benedictine established a scale of values for this issue. First, he criticised the qualms adduced by many of the women of those day who, in defending their virtue, rejected 'the male's hand in any part of their bodies', especially when in labour. These women's radical stand was, for Feijoo, rash and unsuitable: 'it is befitting, I say, for a woman to sacrifice her life to her decency. But, by what rule will a mother sacrifice her innocent foetus' life? And not only the transient but the everlasting life as well?' That is, pleading for the mother's virtue should jeopardise neither her child's life nor, least of all, the redemption of her child's soul. Decency knew, therefore, its bounds. Consequently, Feijoo sanctioned, as a lesser evil, male-midwives' assistance in deliveries.

Second, and this is essential to understand his standpoint on this issue, he made clear that this was a temporary solution, while adequately trained female-midwives were not yet available. That is, for Feijoo, the pertinent solution to this issue would be the proper training of female-midwives in order to guarantee sound birth care;

38 Francisco Sánchez-Blanco, 'Feijoo y sus contemporáneos', in *La mentalidad ilustrada* (Madrid, 1999), pp. 61–122.

39 Amalio Telenti, *Aspectos médicos en la obra del maestro Fray Benito Jerónimo Feijoo* (Oviedo, 1969) pp. 248–52.

40 Feijoo, *Cartas eruditas*, p. 268.

41 Usandizaga, *Historia de la obstetricia*, p. 215.

when this had been achieved, then men should be excluded from such duty. Feijoo harboured no doubts about women's capability to learn this art; it was solely a teaching question:

Yet if it would be possible to undertake measures for women to be well trained in this art, men should be entirely excused of this trade. And would it be possible to take these measures? Doubtlessly. Some distinguished practitioners could be recruited through generous awards to efficiently teach several capable women, who thereupon would teach others, and so on. The trade is sufficiently lucrative such that enough impoverished women would be eager to learn it.⁴²

To support his recommendation, Feijoo quoted, in his *Carta erudita*, Agnodice's fable, the maiden who attained for women in Athens,⁴³ the right to carry out obstetrics and medicine, and maintained that women had no less capability than men 'to carry out the most difficult surgical procedures'. In his letter, Feijoo concluded this argument by reiterating his reliance on women's capability for the art of midwifery: 'For the distinctive craft of puerperal care, given equal training, I do not see how men can be presumed to have better aptitude than women.' Feijoo's reluctance to accept women's assumed inferiority, and his reliance on women's boundless capability to learn, was not restricted merely to the mechanical or manual aspects of an art such as midwifery. It was simply the application of tenets already introduced in his previous writings. Trust in women's intellectual capabilities was a staple in his work. Let's recall, for instance, his text entitled 'Defence of Women', included in the first volume of his *Theatro critico universal* [Universal Critical Theatre] from 1726, a comprehensive and reasoned assertion in favour of women's ability 'for all kinds of sciences and sublime knowledge'.⁴⁴ Years later, when applying the notion of male-and-female equality to the art of midwifery, by paying attention to the question of virtue, Feijoo advocated women's right to exclusively carry out this job.

However, Feijoo himself was pointing, perhaps unwittingly, at other no less important aspects of the argument: on one hand, obstetrics was already a field of knowledge, or better an art, carried out to perfection by 'some distinguished [men]' and, of course, not by women; and, on the other hand, the job was a reliable source of income, making it tempting for those who 'would eagerly apply themselves to it'. According to the outcome, it seems that distinguished men lacked the will – that is, interest – for this business to develop exclusively for female-midwives. Taking into

42 Feijoo, *Cartas eruditas*, p. 269.

43 Hyginus, *Fabulae*, 274, quoted by A.E. Forcellini, *Onomasticon. Lexicon totius latinitatis* (Padua, 1940), vol. 5, p. 69.

44 Benito Jerónimo Feijoo, *Theatro critico universal* (1726), 5th ed. (Madrid, 1781), vol. 1, Discurso XVI, pp. 386–473. This text was translated into English and published twice: first as, *An Essay on the Learning, Genius, and Abilities, of the Fair-Sex Proving Them not Inferior to Man, from a Variety of Examples, Extracted from Ancient and Modern History* (London, 1774); and second, four years later, included in *Three Essays or Discourses on the Following Subjects: A Defence or Vindication of the Women, Church Music, a Comparison between Ancient and Modern Music* (London, 1778).

account the complex frame of competencies and professional interests involved, as described above, Feijoo's recommendation couldn't be more naïve.

An Eloquent Silence: Midwives

In light of what we have seen so far about the debates concerning midwives' skill in birth care and the male-midwife surgeons' ever-increasing hegemony on a stage where they had been heretofore absent, it is essential to ask how midwives themselves responded, for theirs was the point of view of those who did not leave any written documentation and ended up subservient or ostracised.

Among eighteenth-century Spanish midwives, there are none quite like Mme Du Coudray,⁴⁵ Custine Siegemund⁴⁶ or Elizabeth Nihell,⁴⁷ who were members of the most educated layer of midwives in France, Prussia and England, as well as being public advocates of their trade, of the right to practise it and to have access to knowledge and techniques that would allow its improvement. As far as we know, Spanish midwives did not leave any published text and, as a rule, their names have vanished into anonymity, when not mentioned in passing in administrative paperwork.⁴⁸ The case of Luisa Rosado (1765–71), midwife at the House of the Helpless in Madrid, is the best known to date, thanks to Teresa Ortiz's work.⁴⁹ Though she did not publish any of her writings, her memos to the King and the Court of the *Protomedicato*

45 Author of an *Abrégé de l'art des accouchements* (Paris, 1759), Du Coudray was an active organiser of instruction for more than 5000 midwives throughout French territory between 1760 and 1783. See: Jacques Gélis, 'Sages-femmes et accoucheuses: l'obstétrique populaire au XVII^e et XVIII^e siècles', *Annales économiques, sociétés, civilisations* 32 (1977): 927–57; and Nina Gelbart, 'Midwife to a nation: Mme Du Coudray serves France', in Marland (ed.), *The Art of Midwifery*, pp. 131–51.

46 Waltraud Pulz, 'Aux origines de l'obstétrique moderne en Allemagne (XVI^e–XVIII^e siècle): accoucheurs contre matrones?', *Revue d'histoire moderne et contemporaine* 43–4 (1996): 593–617.

47 Author of a *Treatise on the Art of Midwifery* (London, 1760). See Wilson, *The Making of Man-Midwifery*, pp. 198–202.

48 For instance, the register of midwives in Madrid, prepared by order of the Council of Castile on 1790, and brought to light by E. Montagut, 'Comadronas en el Madrid de fines del Antiguo Régimen', *Boletín de la Sociedad Económica Matritense de Amigos del País* 3 (1991): 173–89; or the presence of midwives in the pastoral visitors' book of the archbishopric of Seville, studied by Manuel J. García, Juan J. Valle and Antonio C. García, 'Registro y control de Matronas por la Iglesia Hispalense', *Hiades. Revista de Historia de la Enfermería* 1 (1994): 13–33; or figures regarding midwives in Andalusia drawn from the *Catastro de Ensenada*, and prepared by Teresa Ortiz, Carmen Quesada, José Valenzuela and Mikel Astrain, 'Health Professionals in Mid-Eighteenth-Century Andalusia: Socio-Economic Profiles and Distribution in the Kingdom of Granada', in John Woodward and Robert Jütte (eds.), *Coping with Sickness: Historical Aspects of Health Care in a European Perspective* (Sheffield, 1995), pp. 19–44.

49 Teresa Ortiz, 'Luisa Rosado. Una matrona en la España ilustrada', *Dynamis* 12 (1992): 323–46; Teresa Ortiz, 'From Hegemony to Subordination: Midwives in Early Modern Spain', in Marland (ed.), *The Art of Midwifery*, pp. 95–114.

reveal a woman who was convinced of the dignity of her trade and of her ability to carry it out, and who defended her skill against any constraints imposed by the authorities.

Among authors who published medical or educational writings in eighteenth-century Spain, we may point out a woman, Josefa Amar y Borbón, who, in 1790, published a *Dissertation on Women's Physical and Moral Education*, where she devotes a chapter to childhood illnesses in which she shows a level of knowledge of the subject that would doubtlessly have derived from the physicians' environment where she had been educated. On the other hand, four years before, Amar had submitted a memo to Madrid's Sociedad Económica de Amigos del País, titled 'On the Admission of Women to the Society'.⁵⁰

A first reading reveals that Amar does not directly deal with our issue in any of those texts, though it is inconceivable for her not to have been familiar with it. By way of example, suffice it to mention her father, *protomédico* José Amar's signature in all documentation regarding midwife Luisa Rosado.⁵¹ Perhaps she thought it more judicious not to take part in a debate with a bearing on a professional conflict between physicians, midwives and surgeons.

In her 1786 memo, midwives do not seem to be part of Amar's scope. Her advocacy of female intellectual capabilities in such a concrete context makes her focus on ladies who could have a chance to claim a spot within institutions such as Madrid's Sociedad Económica; her readers would not have been receptive about work-related problems of a professional body whose members (as Amar herself pointed out elsewhere) 'had to work physically in order to earn a living'.⁵²

In the *Dissertation*, on the contrary, there was a distinct opportunity to take on the issue of midwifery and birth care in the second chapter of the first part, titled 'On Childbirth and Breast-Feeding'. However, Amar restricts herself to writing that 'we should assume that everything concerning childbirth will turn out soundly if assistants do not hinder it',⁵³ an impersonal plural is written just where any other author would have thrown an invective on female-midwives' incompetence. That sums up her contribution to the debate.⁵⁴

50 This memo is dated in Saragossa, on 5 June 1786, and was published that same year, under the title 'Discurso en defensa del talento de las mujeres', *Memorial literario* 8 (1786): 400–30. The 'Discurso' was read in the *Junta de la Sociedad Económica Matritense* on 24 June 1786. It is completely transcribed in Olegario Negrín, *Ilustración y educación. La Sociedad Económica Matritense* (Madrid, 1984), pp. 162–76.

51 Ortiz, 'Luisa Rosado. Una matrona', pp. 337–46.

52 Josefa Amar y Borbón, *Discurso sobre la educación física y moral de las mujeres* (Madrid, 1790), ed. by María Victoria López Córdón (Madrid, 1994), p. 80.

53 Amar y Borbón, *Discurso sobre la educación*, p. 89 (emphasis in the original).

54 It is true, however, that in another place of the *Discurso* there is an extremely brief allusion to midwives, though of very limited significance and on a matter somehow removed from specifically aiding childbirth: 'it is necessary for midwives and other women as well who commonly help delivering to make sure not to get involved in solving the defects they imagine regarding the configuration of newborns' heads'. Amar y Borbón, *Discurso sobre la educación*, p. 104. This bad habit was denounced by both Diderot and Mme Du Coudray, see Gélis, 'Sages-femmes et accouchères', p. 931.

As far as we can say, the reasons to explain this conspicuous silence must be looked for in the threefold quarrel – professional, moral and regarding gender – that lies hidden beneath these controversies. On one hand, Josefa Amar was silenced on the professional strife as she was the daughter and grand-daughter of *protomédicos*, that is, of the highest level medical authorities, who were, therefore, ultimately responsible for legislative measures and control of health-related occupations. On the other hand, there was a moral side of the conflict which was the field of theologians and moralists, a territory for a woman to prudently stay away from; above all when she was already probing grounds where women were not traditionally allowed. And finally, this was a conflict lying on the difficult border between gender and social class: midwives, in spite of being some of the very few women with an undeniable public domain and socially sanctioned to practise their trade, did not carry much weight for a woman who was addressing and moving in society's privileged layers.⁵⁵

Josefa Amar's silence is eloquent. The alliance among physicians, surgeons and Enlightened moralists was strong. Moralists' idea of women's insufficient capability for birth care, so distant from the standpoint Feijoo had held just a few decades before, took for granted women's intellectual and physical incompetence in relation to men. Doubtlessly, this was a powerful argument to advise women's ousting from a task hitherto commonly considered as female-related. Midwives' subservience to surgeons was definitively sanctioned by the moralists' point of view, who ended up embracing, together with physicians and surgeons, the commonplace notion of female-midwives' incompetence, and sanctioning with their authority male-midwives' supremacy.

55 The addressed readers, at least according to the author's intention, are clearly specified in a passage of the *Discurso*: 'this *Discurso* is directed to the ladies...', Amar y Borbón, *Discurso sobre la educación*, p. 111.